



COMMONWEALTH OF VIRGINIA - DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
1538 E. PARHAM ROAD - RICHMOND, VA 23228

APPLICATION FOR WHEELCHAIR INTERFACILITY TRANSPORT LICENSE

Please Print or Type

Agency Name: _____ EMS Agency No. _____

Mailing Address: _____

(City) (State) (Zip Code) (City or County)

Agency Telephone Number: () FAX #: ()

Agency E-mail Address: _____@_____

Type of Application: ☐ Initial ☐ Recertification

Hours of Operation: ☐ 24 Hours ☐ Other _____

Month and Year Agency Established: Month: _____ Year: _____

Month and Year Agency began EMS Operations: Month: _____ Year: _____

Is the Agency a Member of?

- ☐ Virginia Association of Volunteer Rescue Squads
- ☐ Virginia Ambulance Association
- ☐ Virginia Governmental EMS Administrators

COMMUNICATIONS

Dispatch Facilities: ☐ Agency ☐ Central Dispatch Specify: _____

☐ Other Specify: _____ Dispatch Business Telephone #: () _____

Dispatch Frequency: TX _____ RC _____ CTCSS-PL _____

Other Frequencies: 1) TX _____ RC _____

2) TX _____ RC _____

Agency Notified By: ☐ Radio (Voice) ☐ Radio (Paging) ☐ Telephone

Number of Radios: Mobile _____ Portable _____ Paging _____

Emergency Telephone Number: ☐ 911 ☐ Other () _____

PHYSICAL LOCATION OF AGENCY & DIRECTIONS FROM MAJOR ROUTE NUMBER:

1. NAME: _____ TITLE: _____ *RACE: _____
 (Last) (First) (MIDDLE)

ADDRESS: _____ TELEPHONE: (_____) _____
(Daytime)

_____ TELEPHONE: (_____) _____
(Evening)

2. NAME: _____ TITLE: _____ *RACE: _____

(Last) (First) (MIDDLE)

ADDRESS: _____ TELEPHONE: (_____) _____
(Daytime)
_____ TELEPHONE: (_____) _____
(Evening)

***NOTE:** Race -To be used solely for the required criminal background check and is required by the Virginia State Police

Is representative/owner involved in management (i.e. owner, officer, etc) of another licensed VA EMS agency?	YES (explain)	NO
Does representative/owner have previous experience operating an EMS agency?	YES (explain)	NO
If yes, has EMS license of that agency ever been suspended or revoked?	YES (explain)	NO

(Underwriters)	(Policy #)	(Expiration Date)
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NUMBER OF TRANSPORTS FOR PREVIOUS 12 MONTH PERIOD FOR THIS AGENCY:_____

Name: _____ TITLE: _____

(EMS-6025F)